



The Commonwealth of Massachusetts Division of Professional Licensure

1000 Washington Street, Suite 710

Boston, MA 02118-6100

Board of Registration in Embalming and Funeral Directing

Massachusetts State Board Pre-Need Funeral Contract Report
2021 Calendar Year

INSTRUCTIONS: Pursuant to 239 CMR 4.12(5), all Pre-Need Reports are due by January 31 of each year. All information must be completed. Do not leave any space blank. If the answer to a question is zero (0) or not applicable (N/A), please indicate. Every Funeral Home must submit this report annually. Incomplete or unsigned reports will be returned. Failure to submit a complete and signed Pre-Need Report by January 31 for each funeral establishment location may result in Board discipline.

A Type 3 Registrant to whom the funeral home’s establishment license was issued must complete this form.

Name of Funeral Establishment: _____

Massachusetts Funeral Establishment License Number: _____

Name and license number of Type 3 Registrant completing this form:

Name: _____ License number: _____

Establishment Address No. and Street: _____

City: _____, MA Zip: _____

Mailing Address (if different) No. and Street: _____

City: _____, State: _____ Zip Code: _____

1. Total number of pre-need funeral contracts¹ to which the funeral home is a Party: _____

2. For all contracts listed in #1, above; identify the funding method used to finance each pre-need funeral contract:

Funeral (Bank) Trust Accounts:	
Pre-Need Insurance Policy or Annuities:	
Insurance Policy: Assigned, Changes of Ownership, Beneficiaries, etc.:	
Other (please specify or attach separate explanation):	

¹ Pursuant to 239 CMR 4.01, a pre-need funeral contract means any written agreement between a buyer and a funeral establishment in which the licensed funeral establishment agrees, prior to the death of a named beneficiary, to furnish funeral goods and/or services to that named beneficiary upon his or her death, and the buyer, pursuant to the agreement, transfers or tenders funds to the licensed funeral establishment for the purpose of paying all or part of the cost of those funeral goods and/or services at the time they are actually provided.



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3. The number of pre-need funeral contracts **entered** into from **1/1/2021 to 12/31/2021**: _____

4. For all pre-need funeral contracts entered into from **January 1, 2021 to December 31, 2021**, provide the names and addresses of **all** banking institutions, trust companies, and insurance companies holding any funds received in connection with any such pre-need funeral contracts. Please attach a separate sheet, if needed.

Company: _____ Address: _____

5. The location in the Commonwealth of Massachusetts where your records of pre-need funeral contracts and arrangements are maintained (if kept on funeral establishment premises, just indicate “on premises”):

Address No. and Street: _____

City: _____, MA Zip: _____

6. The total number of pre-need funeral contracts and total amount of funds transferred to the Commonwealth of Massachusetts Treasurer in according with 239 CMR 409 (5) (c):

Total # of contracts transferred to the Treasurer:	_____	Total dollar value of contracts transferred to the Treasurer:	_____
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By signing below you certify that the information contained in this report is true and accurate to the best of your knowledge and ability. You also certify that the funeral home complies with Board regulations at 239 CMR 3.17 relative to professional liability insurance requirements.

Name (Please Print) _____

Massachusetts Type 3 Registration Number: _____

Signature: _____